

HEAL Regional Meeting

“Community Health and
Healthcare”

7:30-7:45am: Registration and Breakfast
7:45-8:00: Welcome, Introductions, HEAL
Overview

8:00-8:35: Data Presentations

8:35-9:15: St. Al's "Community Health
Improvement"

9:15-9:55: St. Luke's

9:55-10:05: Break

10:05-10:40: Pacific Source Health Plans
"Partnering for Health in Idaho"

10:40-11:15: Blue Cross of Idaho Foundation High
Five Presentation

11:15-11:35: CHICH Collaborative

11:35-11:55: Group Discussion

11:55-12:00: Closing

Agenda

HEAL IDAHO NETWORK

Began June 2010

- State and Regional meetings
- Sponsored Workshops

Over 400 individuals and organizations strong

- Non profits
- Health Care Providers
- City Planning and Zoning
- Education
- Insurance Providers
- Foodbanks



Healthy Eating, Active Living (HEAL) Idaho

Nutrition and Physical Activity Framework 2011 – 2013



HEAL Idaho

A Framework for Success

HEAL FRAMEWORK

Developed by the network

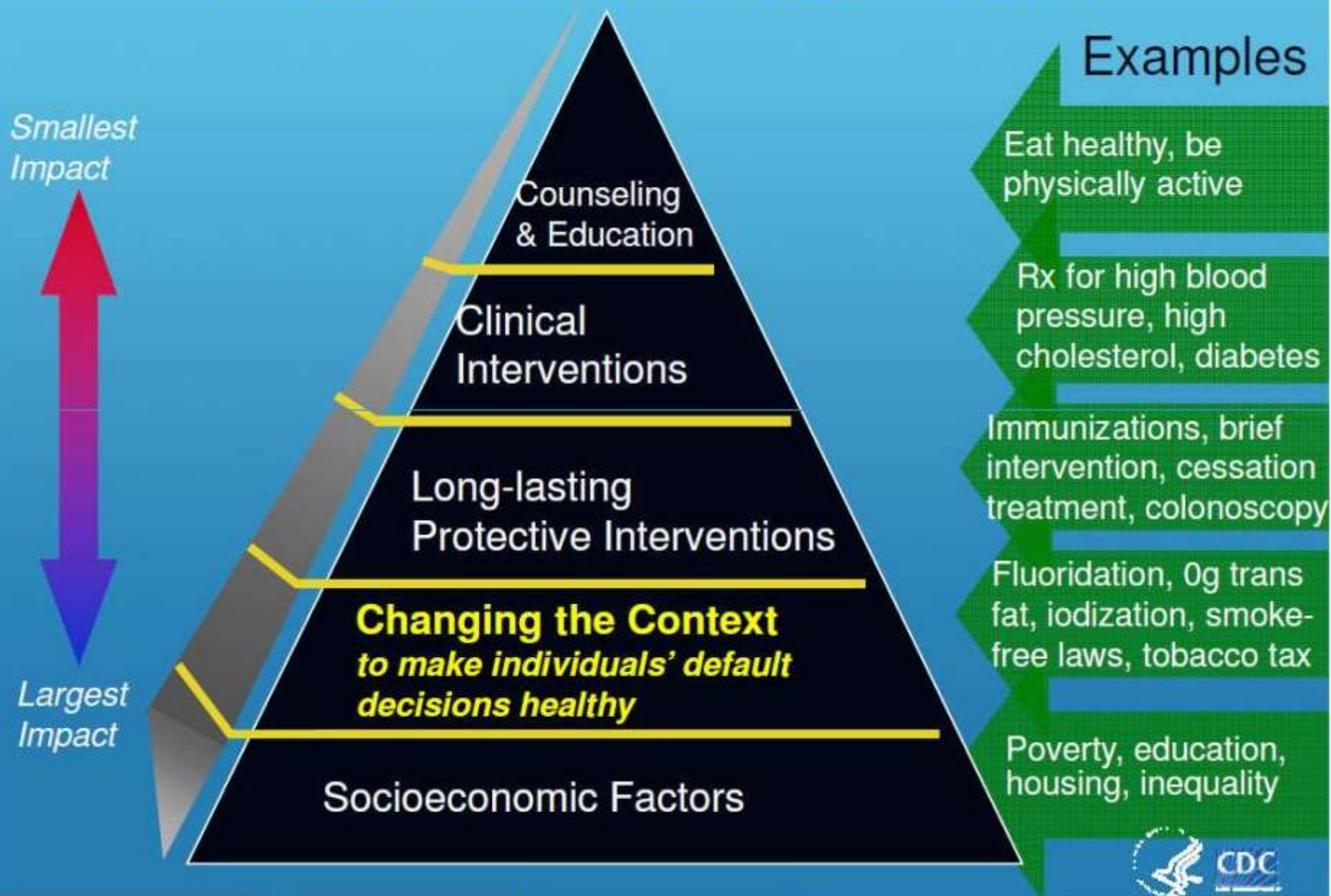
Goals for infrastructure/capacity building, nutrition and physical activity

Recommended actions

- Build Capacity
- *Environmental Change*
- *Advocate, Adopt and Implement Policies*
- Individual Education through Communication



Factors that Affect Health



EVENTS AND PROGRAMS VS. POLICY, SYSTEMS AND ENVIRONMENTAL CHANGE

CHARACTERISTICS OF EVENTS AND PROGRAMS

One time

Additive: often results in only short-term behavior

Individual level

Not part of ongoing plan

Short term

Non-sustaining

CHARACTERISTICS OF PSE CHANGE

Ongoing

Foundational: often produces behavior change over time

Policy level

Part of an ongoing plan

Long term

Sustaining

NETWORK BENEFITS

Networking

Education

Access to Model Policies and Best Practices

How to Get Involved

- Like the HEAL Facebook page
- Attend a Meeting
- Get on the Listserv
- Submit a success story



Healthy Eating, Active Living (HEAL) Idaho

Nutrition and Physical Activity Framework 2011 – 2013



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Facebook: “Healthy Eating, Active Living, HEAL Idaho”

Future Annual Summit in Partnership with the Creating Healthier Communities Summit:
April 20th-21st Boise

Measuring What Matters Idaho Obesity Indicators

Helen Brown, RD, MPH

Assistant Clinical Professor
Movement Sciences, University of Idaho

University of Idaho



Project funded by the Blue Cross of Idaho, Foundation for Health, Inc.

University of Idaho Colleagues: Drs. Philip Scruggs, Grace Goc Karp, Julie Son, Chantal Vella

Office of Community Partnerships- Tenley Burke and Christy Darien

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We ignore the early years at our peril
if we want to do something about
conquering this growing epidemic of
obesity in our society.

Jack Skonoff, MD
Weight of the Nation
University of Idaho



Measuring What Matters

Idaho Obesity Indicators

Chief Aim: To clarify the populations facing the greatest obesity burden and establish obesity related indicators in need of targeted evidence based actions.

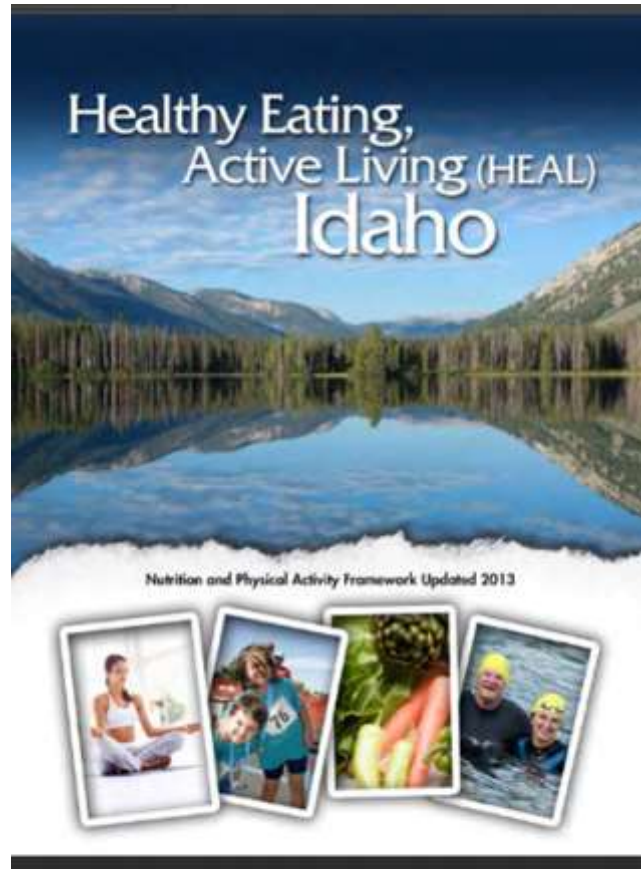


Infrastructure/Capacity Building GOAL 3

Establish a statewide system to report, monitor and evaluate healthy eating and active living programs and initiatives.

Recommended Actions:

Identify and reduce gaps in healthy eating and active living surveillance data for children, youth, adults, and share the information with partners and stakeholders.

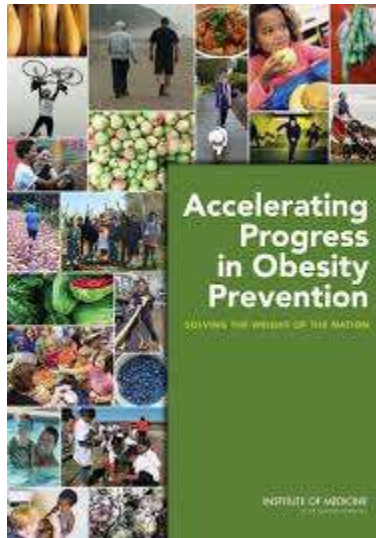


NUTRITION AND PHYSICAL ACTIVITY FRAMEWORK

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Guiding Documents



<http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx>



<http://www.iom.edu/Activities/Nutrition/EvaluatingProgressObesityPrevention.aspx>

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Five Interconnected Environments

- Engagement
- Action
- Leadership

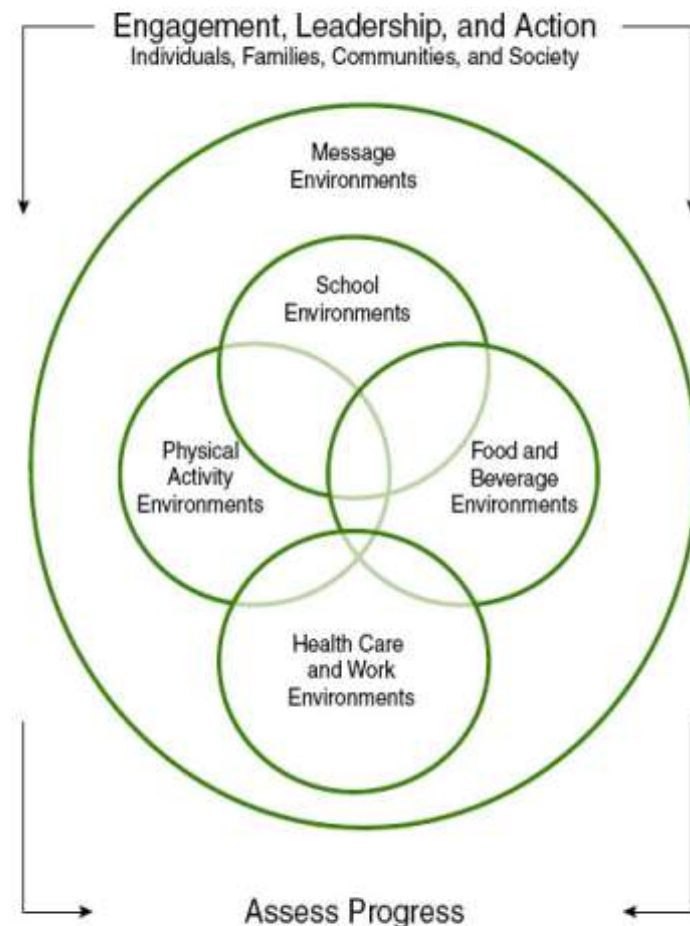


FIGURE 1.1 The Committee on Accelerating Progress in Obesity Prevention identified five interconnected environments in which engagement, leadership, and action are needed to accelerate progress in reducing obesity.

SOURCE: IOM, 2012a.



5 SOLUTIONS FOR CHANGING OUR COMMUNITIES

INTEGRATE PHYSICAL ACTIVITY
EVERY DAY IN EVERY WAY.

STRENGTHEN SCHOOLS AS
THE HEART OF HEALTH.

MARKET WHAT MATTERS
FOR A HEALTHY LIFE.

EAT WELL!

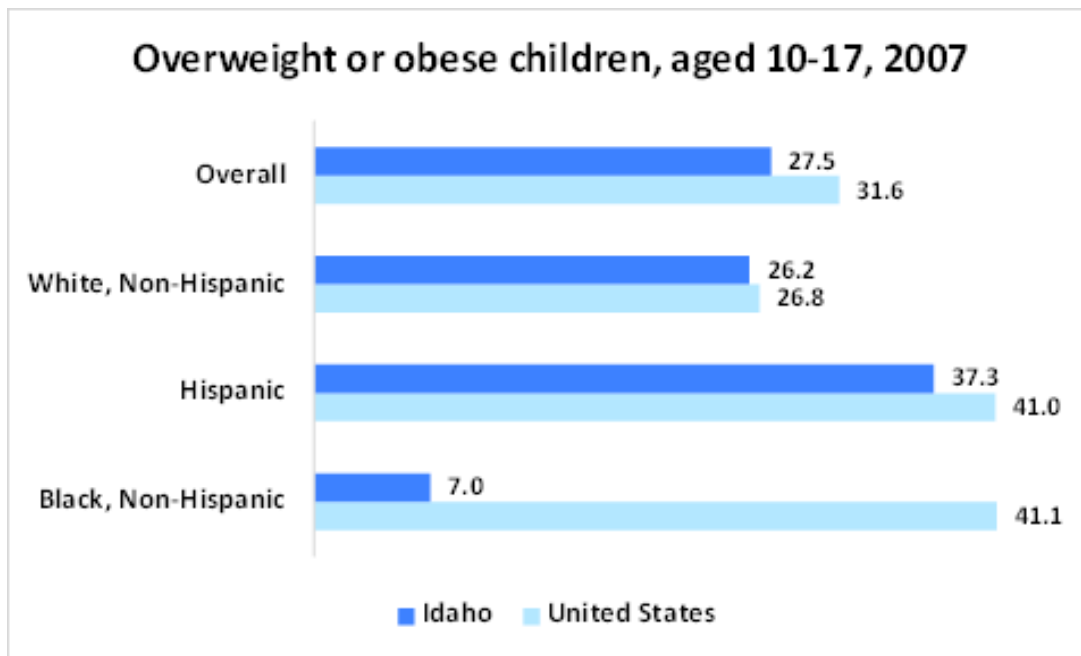
ON THEIR OWN, ANY ONE OF THESE FIVE
SOLUTIONS MIGHT HELP SPEED UP PROGRESS
IN PREVENTING OBESITY, BUT TOGETHER, THEIR
EFFECT WOULD BE REINFORCED, AMPLIFIED,
AND MAXIMIZED.

ACTIVATE EMPLOYERS AND
HEALTH CARE PROFESSIONALS.

MAKE HEALTHY FOODS
AVAILABLE EVERYWHERE.

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Childhood Obesity Data Sources- Self report

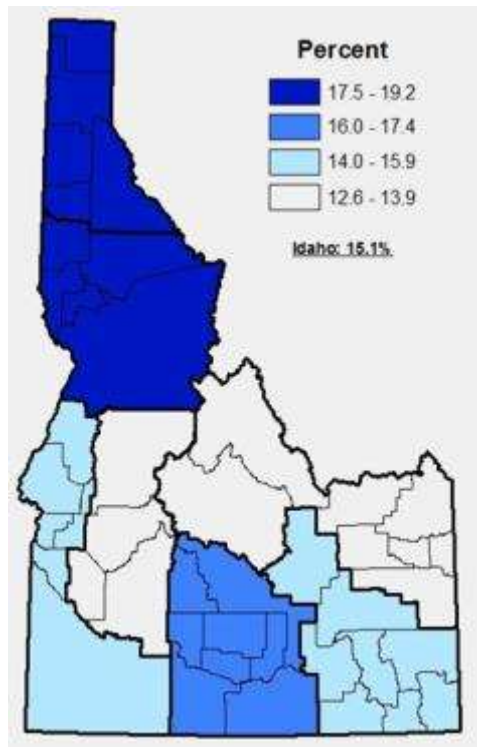


Source: National Survey of Children's Health (NSCH)



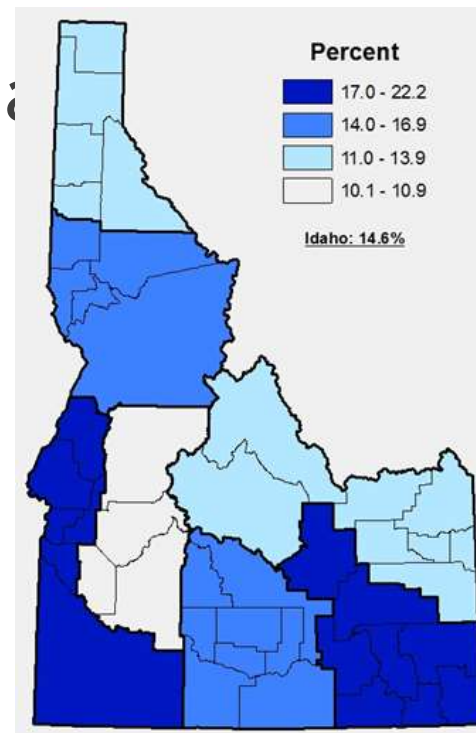
Overweight and Obesity among 3rd graders- Direct Measure

Overweight 3rd graders by Public Health District,
2011/2012



Source: Idaho Department of Health and Welfare

Obesity in 3rd graders by Public Health District,
2011-2012



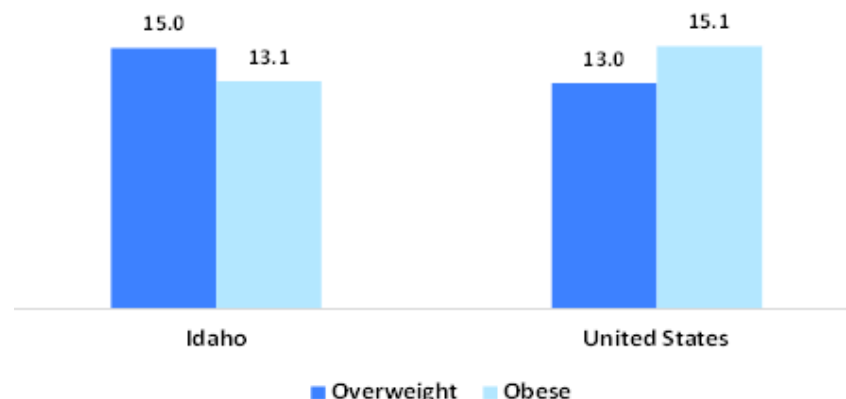
Headstart Preschool Overweight & Obesity Direct Measure

Idaho Migrant and Seasonal Head Start, ages 3-5, 2012/2013

	Number	Percent
Underweight	16	3.4
Healthy weight	291	62.2
Overweight	74	15.8
Obese	87	18.6

Source: Office of Head Start, Head Start Enterprise

BMI of Headstart preschoolers (age 3-5) (%),
2012-2013



Source: Office of Head Start, Head Start Enterprise



Gaps in obesity data measures

- Head Start calculates BMI-data is not compiled or reported statewide
- Lack of standardization- protocol, procedures, equipment quality & reporting
- No statewide surveillance of preK-12 grade Body Mass Index (BMI)
- All adolescent and adult data is self-reported
- No current system to store & retrieve data



Physical Activity (PA) Environment

Key Findings

- PA measures are limited to self-reports data for adult regionally and youth statewide
- Walking and biking measures are limited to census travel to work data
- State wide PA environments not measured
- Only school based PA policies are available



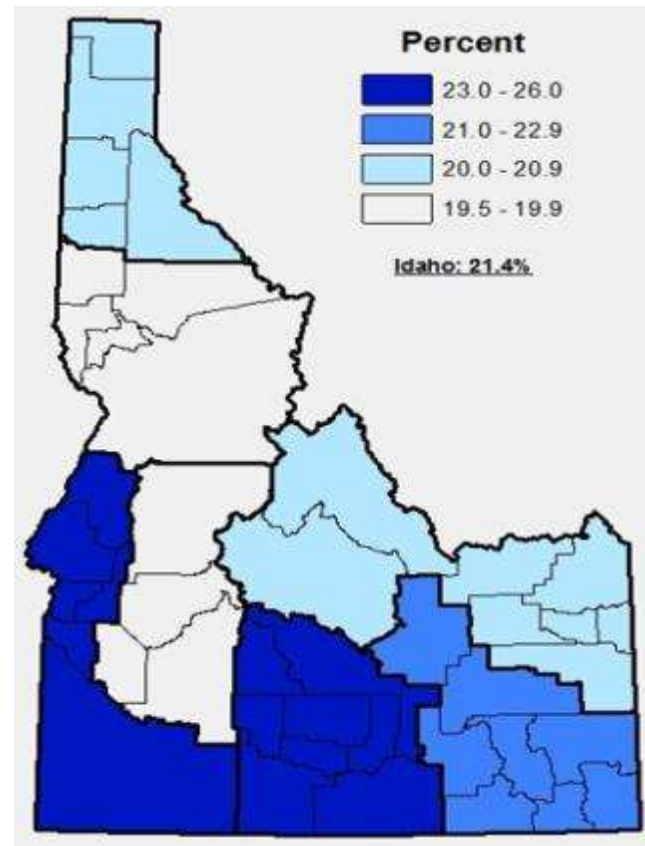
No leisure time-adults, 2011

Idaho adults with no leisure time physical activity, 2011

	Percent
Age	
18-34	17.7
35-64	20.3
65 and older	31.7
Ethnicity	
Non-Hispanic	20.4
Hispanic	31.5
Income	
Less than \$15,000	29.6
\$15,000 - \$24,999	28.9
\$25,000 - \$34,999	21.2
\$35,000 - \$49,999	24.4
\$50,000 - \$74,999	14.8
\$75,000 and higher	10.1
Education	
K-11	42.7
12th grade or GED	24.2
Some college	18.3
College grad	11.0

Source: Idaho Department of Health and Welfare, BRFSS

Adults with no leisure time physical activity by Public Health District, 2011

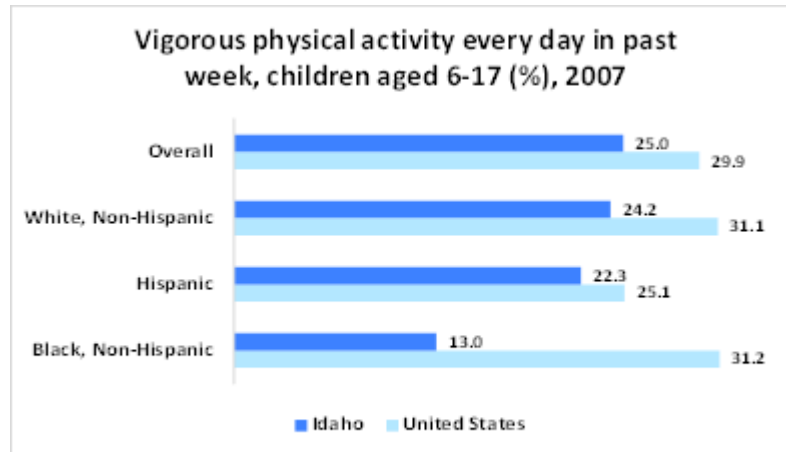


Source: Idaho Department of Health and Welfare, BRFSS

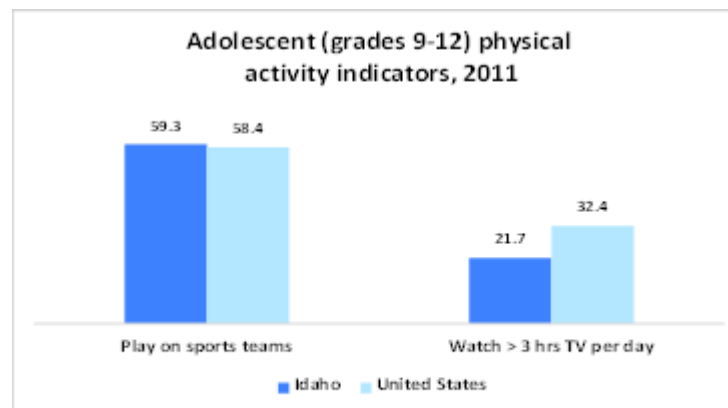
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Children and Adolescent Physical Activity



Source: National Survey of Children's Health

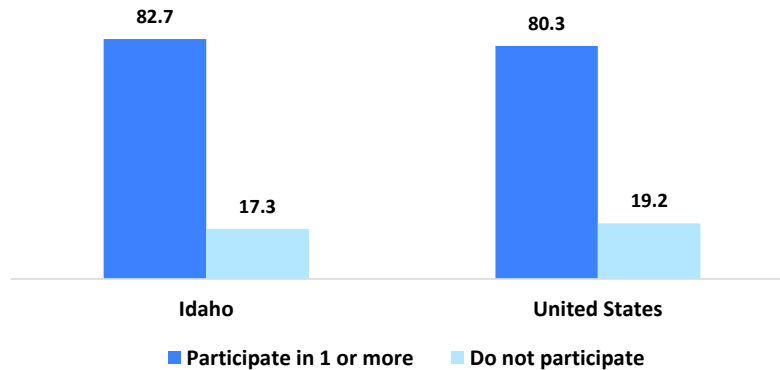


Source: CDC, Youth Risk Behavior Surveillance System

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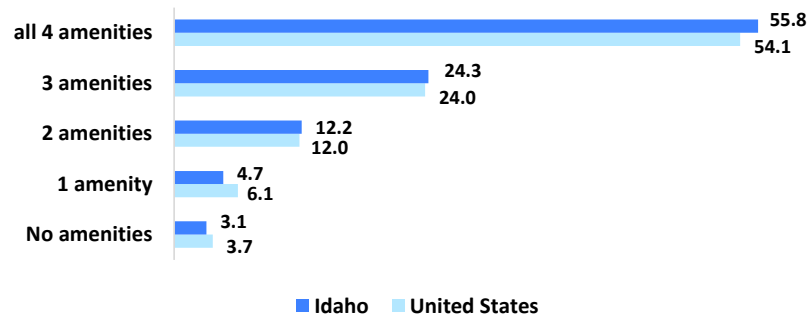


Children aged 6-17 participating in organized activities outside of school (%), 2011/12



Source: National Survey of Children's Health

Percent of children who live in neighborhoods that contain parks, recreation centers, sidewalks or libraries, 2011/2012



Source: National Survey of Children's Health



Healthy Foods and Physical Activity Child Care Center Regulations

Child Care Center Licensing Regulations, 2008

	Idaho	National
Meals and snacks should follow meal requirements	NO	29 states
Meal and snacks should be consistent with Dietary Guidelines for Americans	NO	2 states
Have policy prohibiting or limiting foods or low nutritional value	NO	12 states
Have policy on vending machines	NO	4 states
Require vigorous or moderate physical activity	NO	8 states

Source: National Initiative on Children's Healthcare Quality (NICHQ)



Food and Beverage Environment Indicators

Key Findings

- Energy & nutrient intake data is limited
- No statewide nutrition surveillance
- Measures for food assistance participation is available by county; eligibility is not
- Farmers Market & EBT access is available
- Healthy food and beverage policies are unknown
- Standard measures to assess food access and quality is unavailable



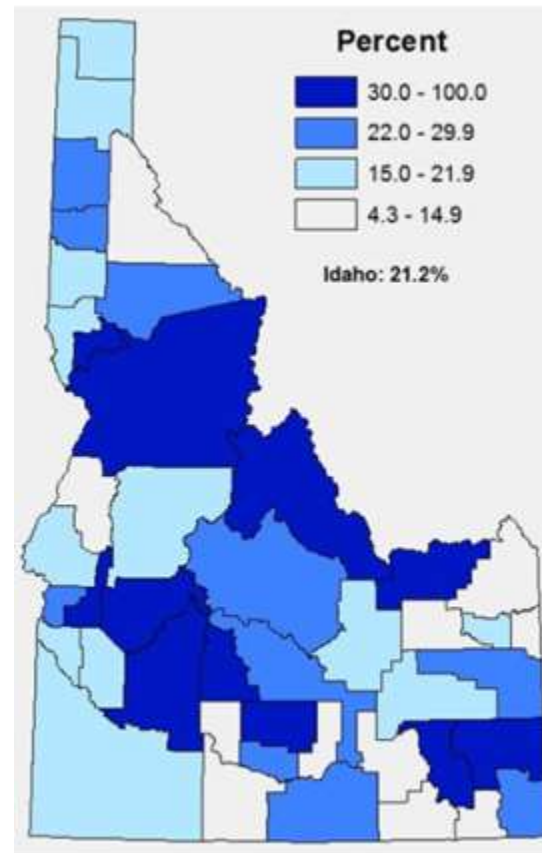
Dietary Behaviors and Food Access

Idaho adults who don't eat 5 servings of fruits and vegetables daily (%), 2011

	Percent
Total population	82.5
Sex	
Male	86.9
Female	78.2
Education	
College grad	78.3
Not a college grad	83.7
Ethnicity	
Hispanic	73.7
Non-Hispanic	83.4

Source: Idaho Department of Health and Welfare, BRFSS

Population with low store access, 2010



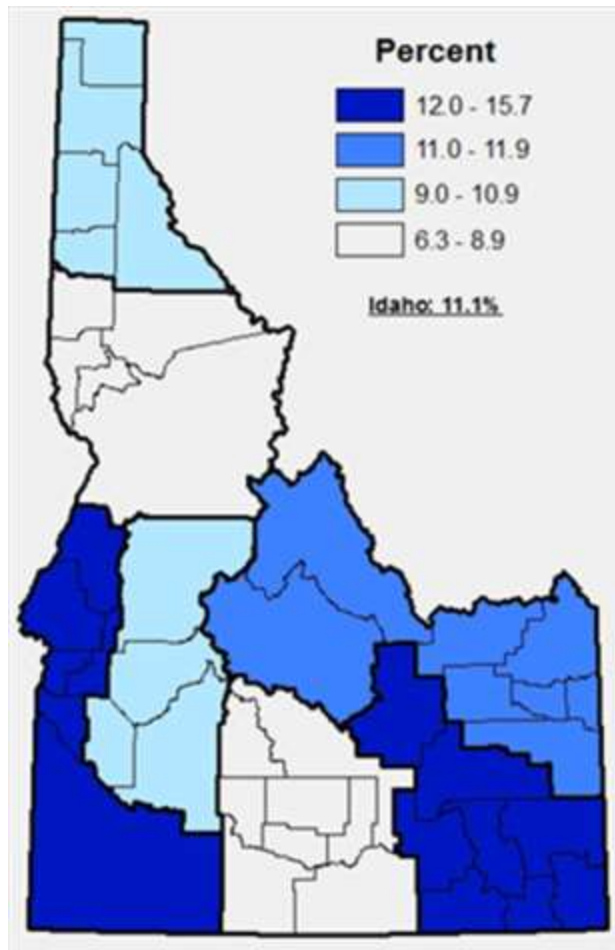
Source: USDA, Economic Research Service

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Ability to afford nutritious meals

Most or all of the time by Public Health District, 2012

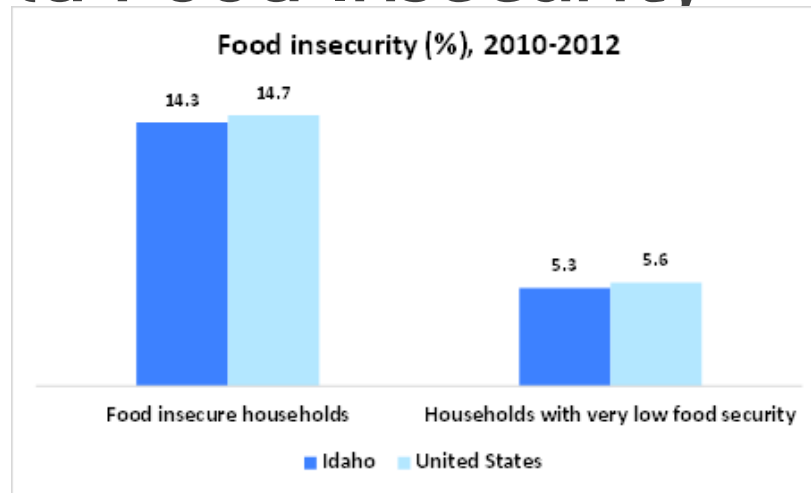


Source: Idaho Department of Health and Welfare, BRFSS

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Household Food Insecurity



Source: USDA, Economic Research Service

Food security by ethnicity (%), 2007-2011

	Food Secure	Low food security	Very low food security
Idaho	86.4	9.5	4.2
Non-Hispanic	87.7	8.2	4.1
Hispanic	75.1	19.7	5.2

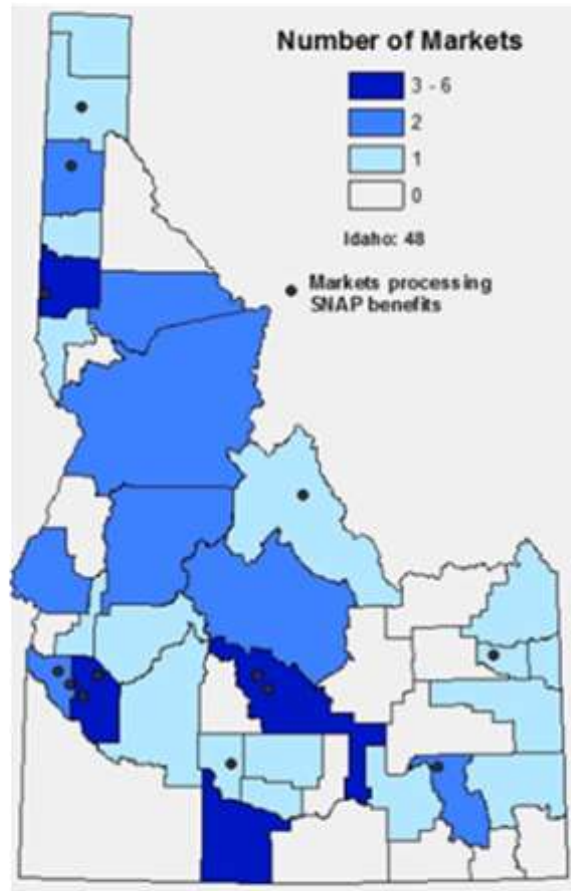
Source: USDA, Economic Research Service, calculations by University of Idaho

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Access to Farmer's Markets & SNAP

Farmers market density and SNAP
benefit processing, 2014



Source: Idaho State Department of Agriculture, Farmers Market **University of Idaho**



Health and Work Environment

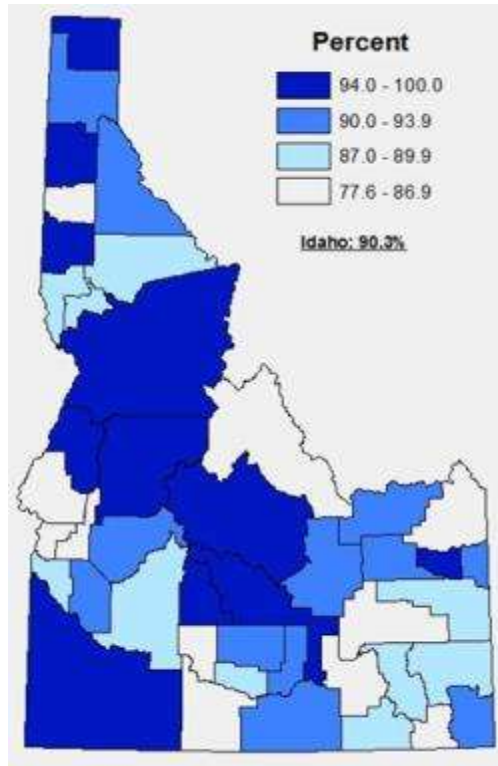
Key Findings

- Few obesity indicators
- Electronic records offer great potential to track BMI
- BMI as a health care quality measure will improve data reliability
- Information on obesity health care practices and insurance coverage is unavailable
- Only breastfeeding initiation is available on a county level
- Worksite & childcare support for breastfeeding is needed



Breastfeeding Rates

Breastfeeding initiation rates,
2011



Source: Idaho Department of Health and
Welfare,
Bureau of Vital Records and Health Statistics

Important indicators

- Initiation
- Exclusivity at 3 mos.
- Breastfeeding at 6 mos.
- Hospital policies
- Employer lactation supports
- Childcare onsite support
- Breastfeeding disparities

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School Environment

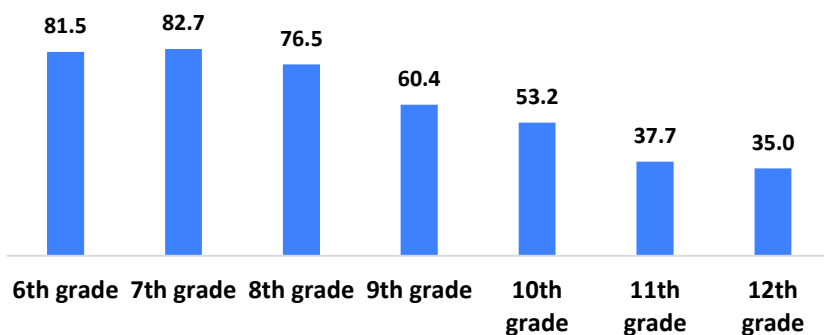
Key Findings

- BMI and fitness data is unavailable
- Only statewide physical education and health education data
- USDA nutrition program participation data available
- Head Start nutrition data is not standardized or reported
- Studies by Idaho Universities have bridged data gaps



Physical Education in Idaho Schools

Figure 23: Idaho schools with required physical education courses (%), 2012



Source: 2012 Idaho School Health Profiles in Health and Physical Education

Table 19: Moderate to vigorous activity in Idaho schools (%), 2013

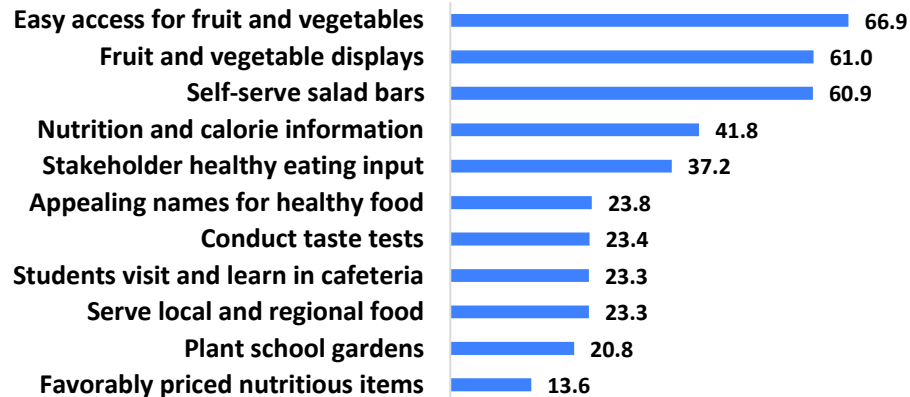
Percent	
MVPA 50% of class time	
Grades	
1 to 2	23.6
3 to 5	28.9
6 to 8	14.0
9 to 12	11.8
MVPA 33% of class time	
Grades	
1 to 2	53.4
3 to 5	54.9
6 to 8	42.7
9 to 12	48.4

Source: Scruggs, et. all, 2013



Selected Nutrition Indicators

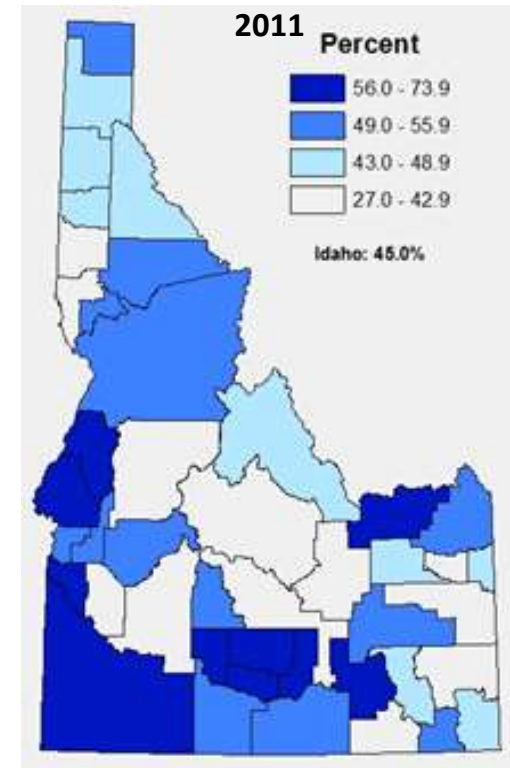
Figure 31: Idaho schools' actions to improve food and nutrition in the past year (%), 2012



Source: 2012 Idaho School Health Profiles in Health and Physical Education

Recent changes in the law have improved school nutrition environments across the nation.

Map 22: Free and reduced price lunch participation (%), 2010-2011



Source: National Center for Education Statistics (NCES)

University of Idaho



Conclusions & Recommendations

- Expand current data for localized reporting
- Data resource sharing
- Adoption of statewide obesity indicators
- Development of an obesity tracking system
- Creation of web-based interactive data system for monitoring & evaluation



Contact Information

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Idaho Update

Progress on the Let's Move! Child Care project in Idaho's seven local public health districts

Let's Move! Child Care Goals



1. Physical Activity: Provide 1-2 hours of physical activity throughout the day, including outside play when possible.



2: Screen Time: No screen time for children under 2 years. For children age 2 and older, strive to limit screen time to no more than 30 minutes per week during child care, and work with parents and caregivers to ensure children have no more than 1-2 hours of quality screen time per day (as recommended by the American Academy of Pediatrics).



3. Food: Serve fruits or vegetables at every meal, eat meals family-style whenever possible, and don't serve fried foods.



4. Beverages: Provide access to water during meals and throughout the day, and don't serve sugar-sweetened drinks. For children age 2 and older, serve low-fat (1%) or non-fat milk, and no more than one 4-to 6-ounce serving of 100% juice per day.



5. Infant Feeding: For mothers who want to continue breastfeeding, provide their milk to their infants and welcome them to breastfeed during the child care day.

Physical Activity Best Practices

1. Infants, including those with special needs, are provided short supervised periods of tummy time, several times each day.
2. Toddlers, including those with special needs, are provided 60-90 minutes or more of active play time every day, both indoor and outdoor.
3. Preschoolers, including those with special needs, are provided 120 minutes or more of active play time every day, both indoor and outdoor.



Nutrition Best Practices

1. Drinking water is visible and available inside and outside for self-serve.
2. 100% fruit juice is limited to no more than 4-6 oz per day per child and parents are encouraged to support this limit.
3. Sugary drinks, including fruit drinks, sports drinks, sweet tea, and soda are never offered.
4. Children 2 years and older are served only 1% or skim/NF milk (unless otherwise directed).



Nutrition Best Practices, cont'd

5. Fruit (not juice) and/or vegetable is served to toddlers and preschoolers at every meal.
6. French fries, tator tots, hash brown, potato chips, or other fried or pre-fried potatoes are offered to toddlers and preschoolers no more than once per month.
7. Chicken nuggets, fish sticks, and other fried or pre-fried forms of frozen and breaded meats or fish are offered to toddlers and preschoolers no more than once per month.
8. All meals to preschoolers are served family style so children are encouraged to serve themselves with limited help.



Screen Time Best Practices

1. Screen Time for infants is never allowed; for toddlers, limit to no more than 3-4 times per year or never allowed.
2. Screen time is limited to no more than 30 minutes for preschoolers per week, or never.
3. Work with parents to reduce screen time at home. Provide parents with screen time reduction and/or media literacy education such as special programs, newsletters, or information sheets, 2 or more times per year.

Infant Feeding Best Practices

1. Breastfeeding mothers are provided access to a private room for breastfeeding or pumping, other than a bathroom, with appropriate seating and privacy.

Let's Move! Child Care in Idaho:

- 154 facilities in Idaho's 7 local public health districts participated in LMCC in 2013-2014.
 - ✓ Complete the LMCC Checklist Quiz.
 - ✓ Become a participating LMCC provider.
 - ✓ Develop an Action Plan to work towards meeting goals and best practices of LMCC.
 - ✓ Once Best Practices are met - become a recognized LMCC provider.



LET'S MOVE! Child Care

We have joined First Lady Michelle Obama and other Child Care Providers across the nation in the fight to prevent childhood obesity!

By working towards the following **five goals** we are helping to build an entire generation of healthy kids:



Physical Activity: Provide 1-2 hours of physical activity throughout the day, including inside and outside play when possible.



Screen Time: No screen time for children under 2 years. Limit of 30 minutes of quality screen time for children 2 and older.



Food: Serve fruits or vegetables at every meal, eat meals family-style whenever possible and don't serve fried foods.



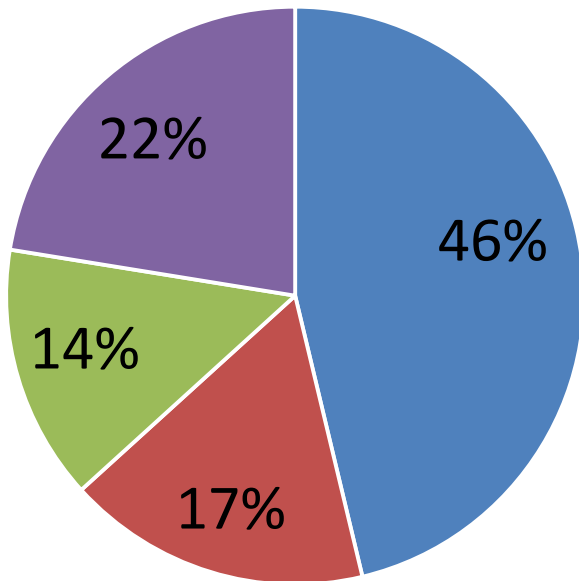
Beverages: Provide access to water throughout the day and don't serve sugar-sweetened drinks. For children age 2 and older, serve low-fat (1%) or non-fat milk and no more than one 4- to 6-ounce serving of 100% juice per day.



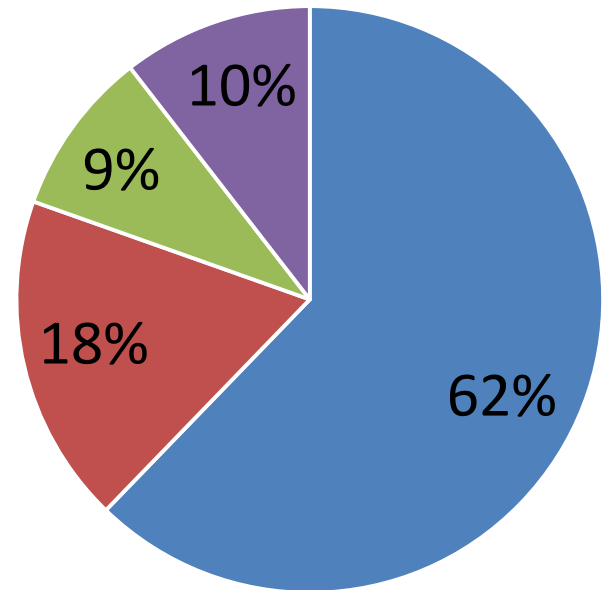
Infant Feeding: For mothers who want to continue breastfeeding, provide their milk to their infants and welcome them to breastfeed during the child care day. Support all new parents' decisions about infant feeding.

Nutrition Best Practices - State

NU8 Family Style Meals

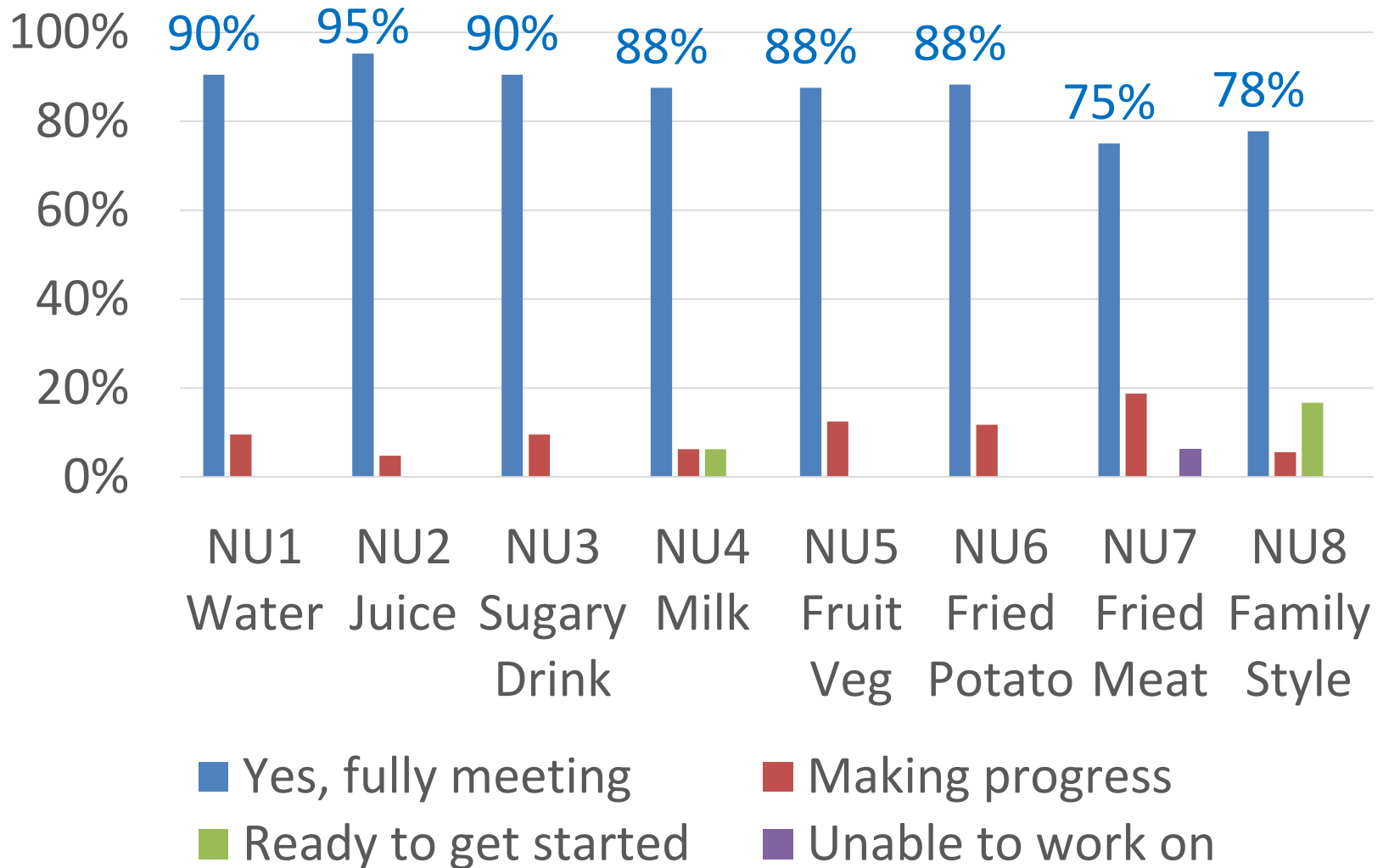


NU7 Fried Meat

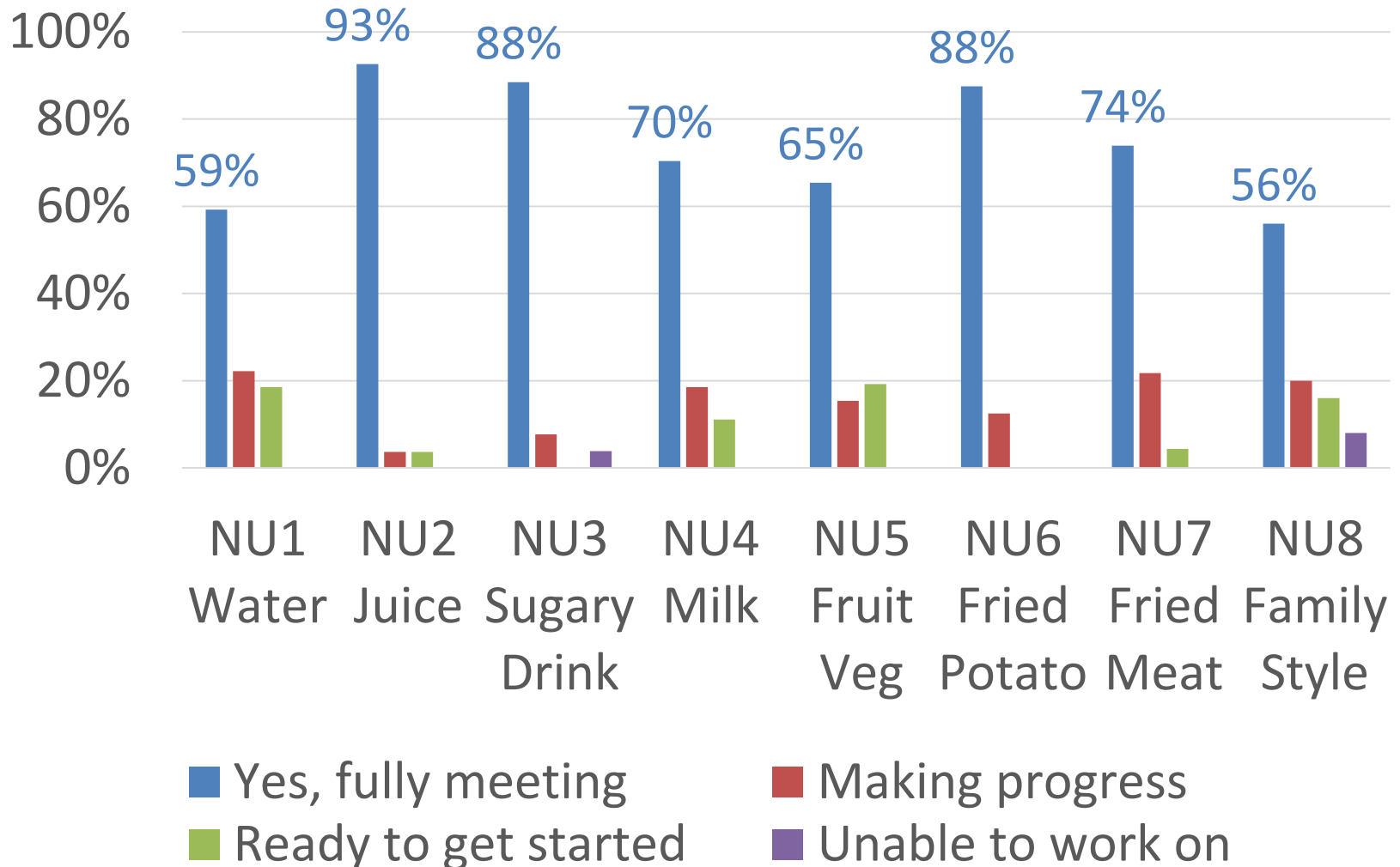


- Yes, fully meeting
- Making progress
- Ready to get started
- Unable to work on

Nutrition Best Practices - HD 1

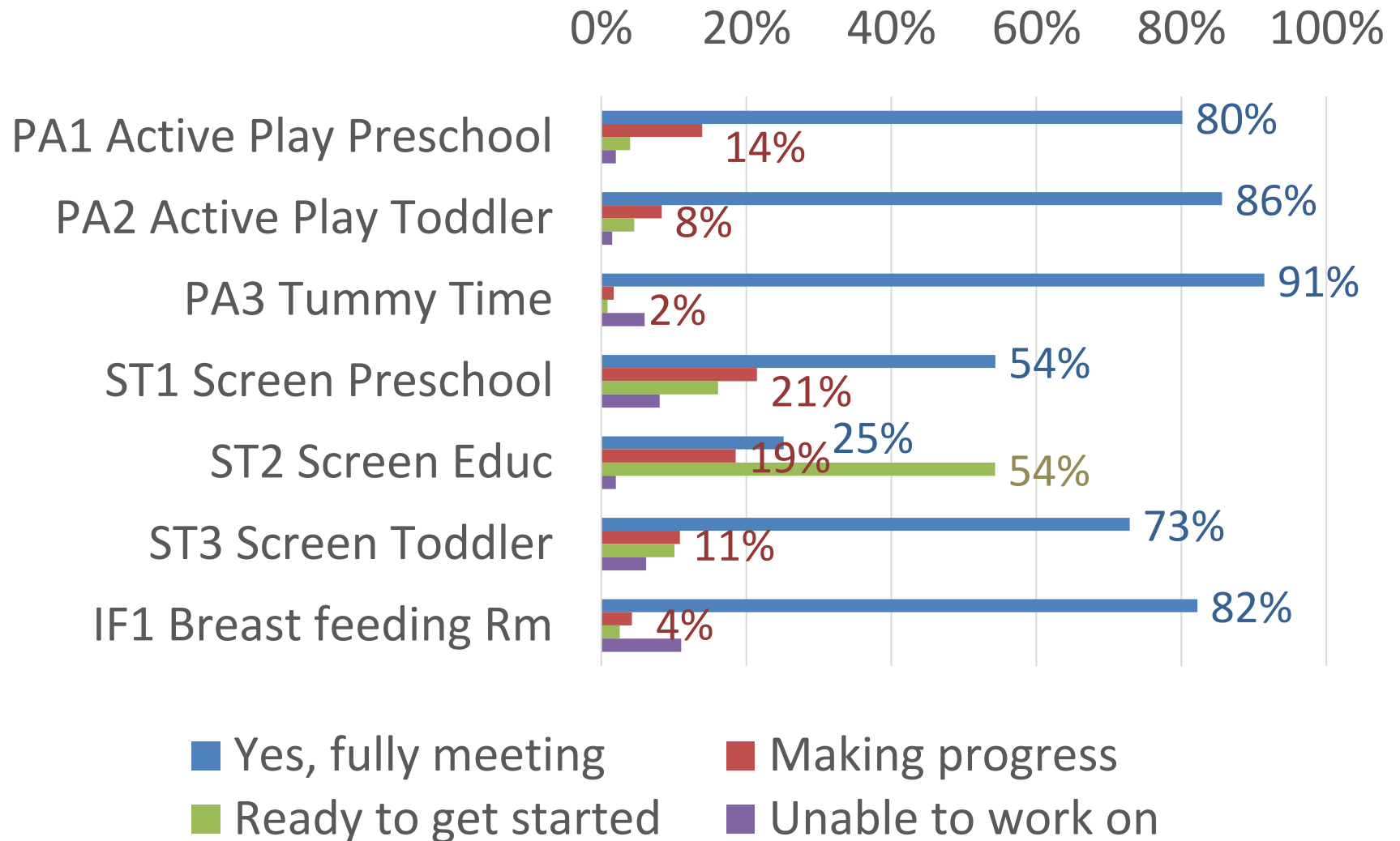


Nutrition Best Practices - HD 2



PA/ Screen Time/ Infant Feeding

Best Practices - State



PA/ Screen Time/ Infant Feeding – Best Practices HD 1

0% 20% 40% 60% 80% 100%

PA1 Active Play Preschool

PA2 Active Play Toddler

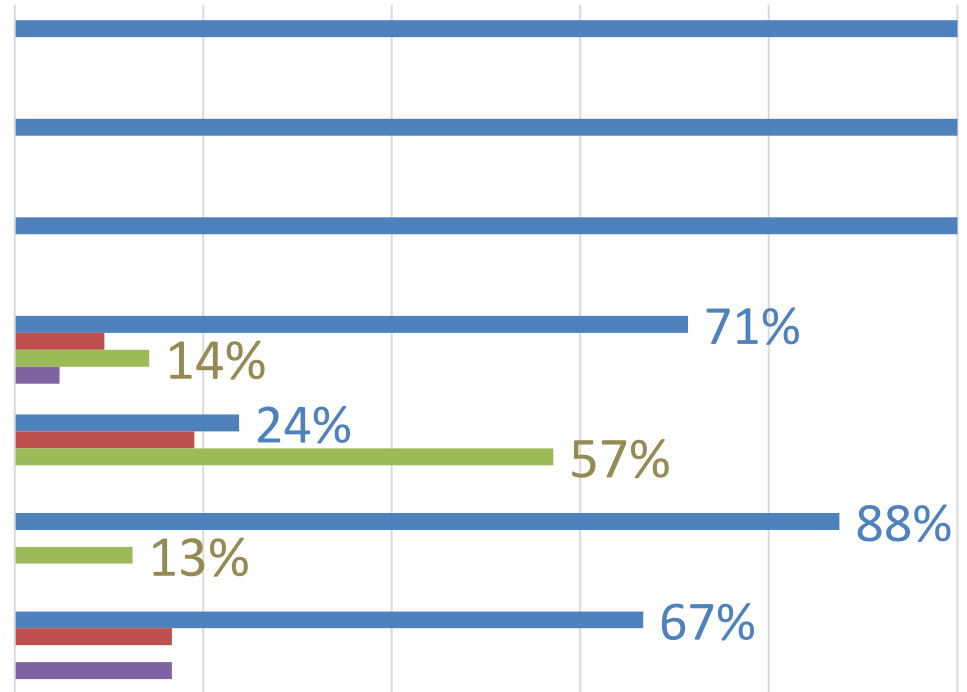
PA3 Tummy Time

ST1 Screen Preschool

ST2 Screen Educ

ST3 Screen Toddler

IF1 Breast feeding Rm



■ Yes, fully meeting

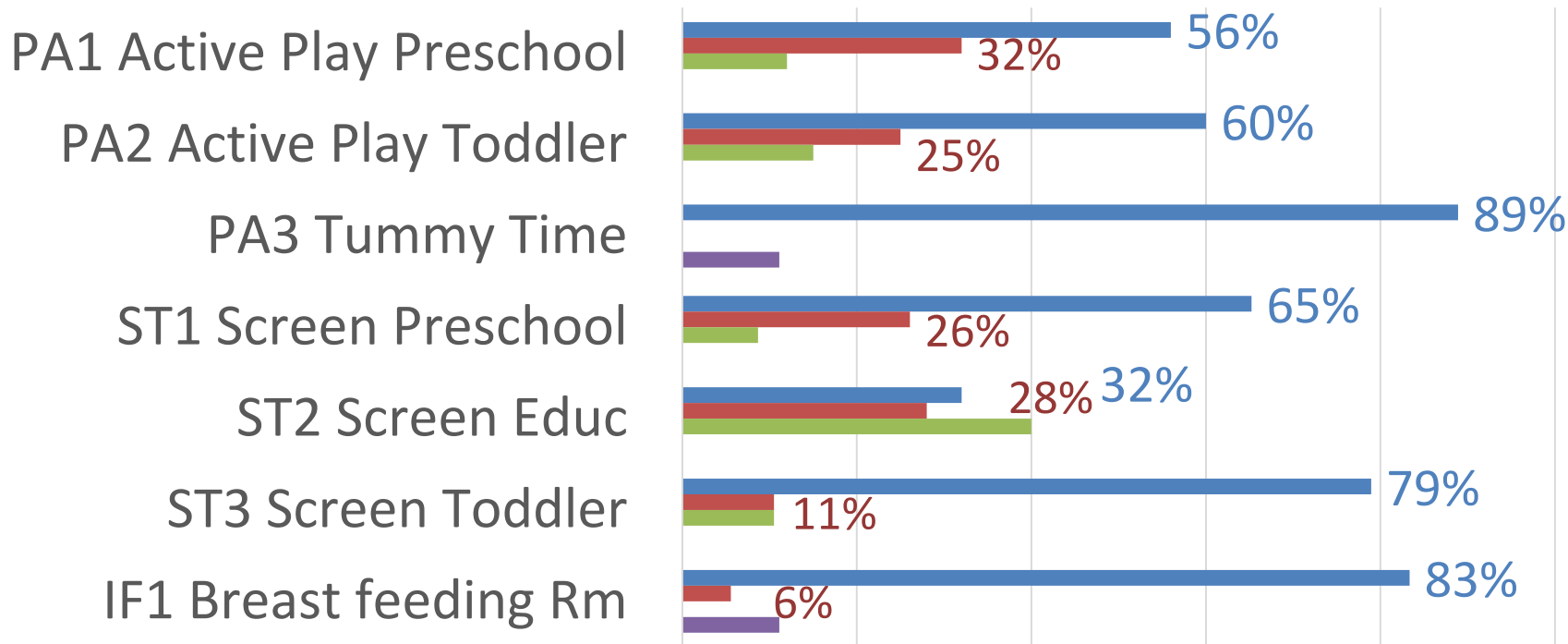
■ Making progress

■ Ready to get started

■ Unable to work on

PA/ Screen Time/ Infant Feeding Best Practices - HD 2

0% 20% 40% 60% 80% 100%



■ Yes, fully meeting
■ Ready to get started

■ Making progress
■ Unable to work on

What's Happening Now:

- **Let's Move! Child Care Workshops**
 - For Child Care Providers – fall and spring 2014/2015
 - FREE - Earn professional development credits
 - 2 full days
 - Learn how to implement best practices from the 5 goals in their own facility/home
 - Conducted by Health District IPAN Coordinators and IdahoSTARS Facilitators
 - Developed by Central District Health Department, Idaho Association for the Education of Young Children, and the Blue Cross of Idaho Foundation



A Roadmap for Improving Community Health



Corey Surber | Executive Director, Community Health & Public Policy

Roadmaps to Health Model (County Health Rankings)



Assess Needs and Resources

- Community Needs Assessment
 - Federal requirements
 - Timing:
 - Every 3 years, with implementation strategy adopted by end of same taxable year the assessment was conducted
 - Approval:
 - Board adoption of assessment and implementation strategy
 - Steps:
 - Define the community
 - Assess health needs
 - Incorporate input from persons representing broad interests of the community (including public health)
 - Document in a written report adopted by board and made widely available to public
 - Collaboration
 - OK if partner hospitals define community to be the same and conduct a joint CNA process

Community Health Needs Assessment for 2014 - 2016

- Led by The United Way, with Utah Foundation
- Community partners included
 - Saint Alphonsus RMC
 - Saint Alphonsus Medical Center – Nampa
 - St. Luke's Health System
 - Delta Dental
 - Regence Blue Shield of Idaho
 - West Valley Medical Center
 - Idaho Association for the Education of Young Children
 - Wells Fargo
 - Gardner Company



Data Sources and Targets

Treasure Valley

Counties:

- Ada, Canyon, Gem

Cities:

- Boise
- Meridian
- Nampa
- Eagle
- Caldwell
- Garden City
- Kuna
- Emmett

Data Collection

- Community Conversations
- Focus Groups
- Surveys
- State and national sources of data and literature

Focus on What's Important

- Setting Priorities
 - Identify criteria you will use (hospital can determine)
 - Burden of need
 - Scope of need
 - Severity of need
 - Urgency of need
 - Estimated feasibility and effectiveness of possible interventions
 - Health disparities associated with need
 - Importance the community places on the need

Act on What's Important

- Develop Implementation Strategy
 - How hospital plans to meet significant health needs
 - Why hospital does not intend to address significant health need
 - Can collaborate on strategy but should have hospital-specific written plan
- Get Buy-In
- Allocate Resources
- Implement!



Major Health Categories and Goal

Overarching Goal: Co-create and support healthy environments with community partners to ensure:

Healthy infrastructure for an active community

Safety and assistance for those at risk

Health care access for all, especially those most vulnerable

Health Categories:

- Obesity: Nutrition, Physical Activity and Weight Status
- Harmful Substance Use Prevention
- Health Care Access

SARMC in Communion with Others

Model of Strategic Community Interventions

Who	How	Where
SARMC Community Partners Government CHE-Trinity Health	Advocacy: policy work, local & state advocacy Partnerships Promises (\$): Strategic community contributions Pilots: Create and implement programming	Community Hubs Examples: churches, schools, senior centers, statehouse, homeless centers, welfare services, Parks & Recreation, food banks, boys/girls clubs, YMCA Saint Alphonsus Medical Group medical homes FQHCs

Current Priorities & Responses

- Obesity: Nutrition, Physical Activity and Weight Status
 - Meet Me Monday
 - GoNoodle & FitnessGram
 - Health Mobilization Collaborative
- Harmful Substance Use
 - “Quit” programs
 - Allumbaugh House
 - Tobacco-free advocacy
- Health Care Access
 - Advocacy
 - Shift to medical home model
 - Support safety net for oral health
 - Focus on mental health

The Meet Me Monday “Movement”...

- Weekly, free family fitness walk/run
 - Began June 11, 2012
 - Every Monday since then! (temp ranges from 8 to 108 degrees!)
 - Locations in Boise and Kuna; Nampa planned for Spring '15
- Objectives:
 - Improving health of body, mind and spirit
 - Getting people out to spend time with family and friends
 - Helping generate foot traffic and business downtown on what is typically a slow night of the week



Meet Me Monday Partners in Health



Saint Alphonsus



1, 2, 3 Mile Routes



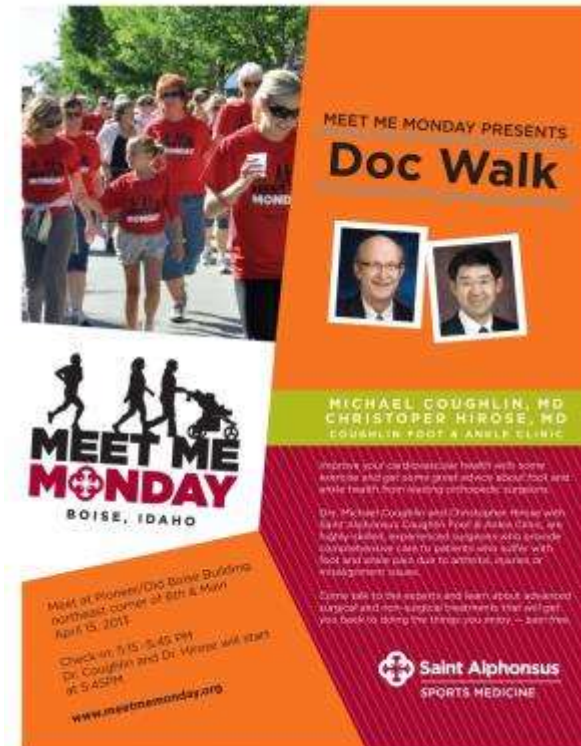
Incentives for Repeat Participation

- 8 times:
 - White t-shirt
- 16 times:
 - Red long sleeve t-shirt
- 50 times:
 - Cap
- 100 times:
 - Red/White baseball shirt



Encouraging Community Involvement & Workplace Wellness

- Incorporated Community Table, occasionally featuring local nonprofits
 - United Way, YMCA, MS Society, Idaho Food Bank, etc.
- Corporate Nights
 - Example: Idaho Statesman Night
 - Publisher Mike Jung brought his staff
 - Published a ¼ page ad in the Statesman to promote
- Recruited MMM teams for Barber to Boise, YMCA Christmas Run
 - Also provide moral support for MMM athletes training for 5/10Ks or marathons



Successes

- 1,500 Participants Registered
 - Weekly Attendance Range
 - 26 (Christmas Eve) – 200+
 - Core Group of 60
- The Orth Family
 - Have perfect attendance
 - Brian has lost 80 pounds
- The Bogerts
 - “Adopted” 80 year old Annette
- Marc & Bobbi
 - Ride bikes from Micron and run every week
- The Ward Family
 - Bring the boy’s scout troop
- MMM Photos from all over the world



Evaluate Actions



The screenshot shows the Catholic Health Association (CHA) website. The header features the CHA logo and the text 'Catholic Health Association of the United States'. A navigation bar includes links for Home, Focus Areas, For Members, Publications, Newsroom, Events, and Knowledge Center. The main banner image shows a group of people, including children, with the text 'Community Benefit' overlaid. Below the banner, a sidebar on the left lists various resources under the 'Community Benefit' heading. The main content area displays the title 'EVALUATING COMMUNITY BENEFIT PROGRAM RESOURCES' and a list of tools available for download.

CHA
Catholic Health Association
of the United States

Home Focus Areas For Members Publications Newsroom Events Knowledge Center

Community Benefit

Events

Printed Resources

Advocacy & Public Policy

Defining Community Benefit

What Counts

What Counts Q&A

HOME > COMMUNITY BENEFIT > RESOURCES >

SHARE

EVALUATING COMMUN...

EVALUATING COMMUNITY BENEFIT PROGRAM RESOURCES

Tools (worksheets, templates and checklists)

- Program Planning Worksheet 
- Checklist for Planning Community Benefit Program Evaluation 
- Evaluation Planning Worksheet 

The Challenge of Measuring Impact

- Historically:
 - Community Benefit reported through CBISA (Community Benefit Inventory for Social Accountability)
 - Tracks investment of \$\$ and staff
 - Allows for alignment with Healthy People 2020 goals, limited ability to document outcomes
 - Provides info needed for IRS Form 990
- Going Forward:
 - Need more focus on true health impact rather than a formula of \$\$ invested and # of persons served
 - More challenging to track, but a necessity
 - Drives us to target specific defined populations and collect data on health status pre and post intervention

Key Takeaways

- Team up!
- Communicate, Communicate, Communicate
- Shift toward focus on policy, systems & environmental change
 - How do we make the healthy choice the easy choice?



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PacificSource

HEALTH PLANS

A Healthy Life Starts Here.

Partnering for Health in Idaho

Agenda

The background image shows a young girl in a pink polo shirt flexing her right arm. In the blurred background, a male doctor in a white lab coat is visible, holding a clipboard.

About PacificSource

Foundation for Health Improvement

Community Health Excellence Grants (CHE)

Employee-Driven Community Giving

Our Values & Mission

Our Values

- We are committed to doing the right thing.
- We are one team working toward a common goal.
- We are each responsible for our customers' experience.
- We practice open communication at all levels of the company to foster individual, team, and company growth.
- **We actively participate in efforts to improve our communities, both internal and external.**
- We encourage creativity, innovation, and the pursuit of excellence.

Our Mission

To provide better health, better care, and better cost to the people and communities we serve.



Foundation for Health Improve

Foundation for Health Improvement



Mission

Community Health Improvement guided by the touchstones of better health, better care and lower healthcare costs

Our Vision

To support and assist charitable programs and initiatives that **address the healthcare needs of children and youth, as well as adults who have barriers to care**, in communities served by PacificSource Health Plans.

We advance and promote strategies that:

1. Improve access to **high quality healthcare**,
2. Test and implement **innovative care models**,
3. Improve **community health**, and/or
4. **Lower costs** across the system.

We work in partnership with PacificSource Health Plans and its many business partners and customers, including physicians and other healthcare providers, to **improve community health**.

Funding opportunities up to 4 times per year.

COMMUNITY INVESTMENTS

2000 - \$20,000

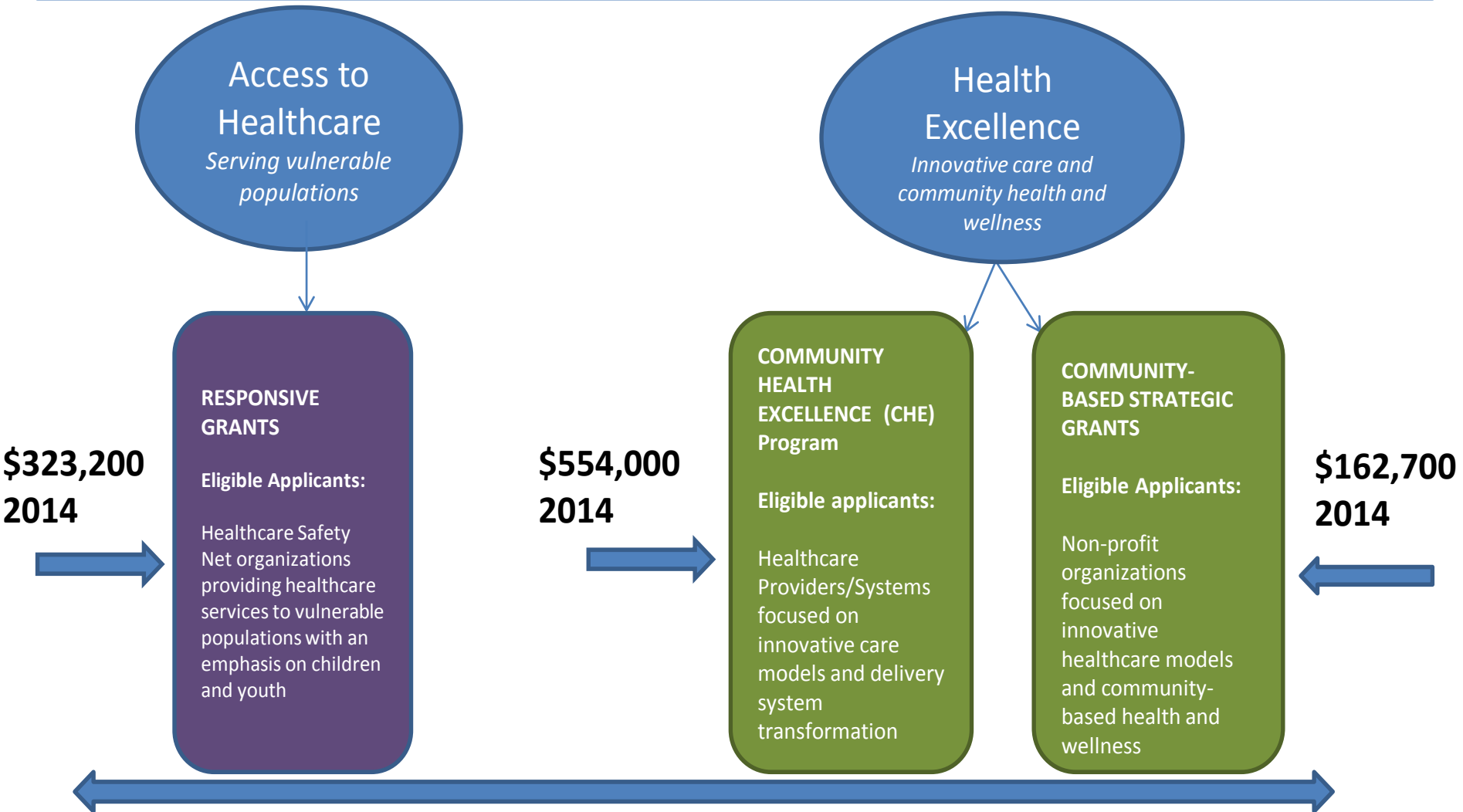
2004 - \$337,000

2008 - \$689,000

2012 - \$900,000



MISSION: Community Health Improvement aligned with the touchstones of better health, better care and lower costs.



Beyond grantmaking, the Foundation convenes philanthropic and other partners, disseminates promising approaches and leverages PacificSource knowledge and expertise to provide learning opportunities for community partners

Access to Health Care

- Rolling grant cycle & Letter of Intent
- One year and multi-year grants
- Criteria: Safety Net Organizations providing access to direct health care services (physical, behavioral/mental, oral)

2014 Investments in Idaho - \$43,200

Pocatello Free Clinic – Oral health, 15,000

Children's Home Society – Behavioral health, \$10,000

Canyon County Community Clinic – General, \$12,000

Snake River Community Clinic – Chronic disease, \$6,200



Access to Health Care

Idaho's First School Based Health Clinic – Meridian Elementary

- Collaborative effort between FMRI and Meridian Joint School District (West Ada), CDHD, BSU College of Health Sciences, Department of Nursing and the TV United Way.

The Need:

- Idaho one of two states with no School Based Health Clinic
- TitleOne School with 75% of students qualify for free or reduced lunch
- First priority to children without insurance and access to primary care
- Second priority to children on Medicaid without a medical home
- Third priority acute care services to those with adequate insurance
- Data shows that linking education and health for low income students can improve school performance and reduce Medicaid costs.

Results so far:

Children seen in Primary Care: 478, Mental Health: 86, Dental: 88, Dietician: 3.

Goal to see 35 per week – clinic will be considered Self – sustaining (avg. 33)



Idaho's First School Based Health Clinic – Meridian Elementary- Continued

Results so far:

- Children seen in Primary Care: 478, Mental Health: 86, Dental: 88, Dietician: 3.
- Goal to see 35 per week – clinic will be considered self – sustaining (avg. 33)
- Success Stories
 - Low Back Pain
 - Counseling for Tragic Event
 - Ear Pain
 - Asthmatic
 - Autistic Child



Community Based Strategic Grants



Areas of Focus

- Promoting medical home models
- Integration (physical, behavioral/mental, oral)
- Care coordination
- Chronic disease management
- Healthy Nutrition
- Physical Activity
- Tobacco-free living

Additional emphasis on programs and initiatives focused on maternal child health and collaborative efforts around community-identified area of need or opportunities

2014 Investments in Idaho \$30,500

Teton Valley Health Care Inc. – Community Paramedic Program, \$15,500

Friends in Action – Chronic Disease Self-management Program, \$15,000



Funded from 2011-2014

ATV's goals is to educate, motivate and facilitate long-term collaboration with businesses, schools, government, communities, neighborhoods, social service agencies, media, etc. to make the Treasure Valley a healthier place to live, work and play.

Core Criteria: Proposals that are **changing the delivery of healthcare services** in ways that promote achievement of the Triple Aim and improve the health of the community.

- Annual Grant Cycle (June)
- One year with a possibility of second year funding

2013-14 CHE Grant Program Investments in Idaho - \$255,000

Valley Medical Center – Expanding Medical Homes at Skilled Nursing Facilities, \$50,000

St. Luke's Clinic, Fruitland – Behavioral Health Integration into Primary Care, \$40,000

St. Al's Health Alliance – High-risk Patient Tracking, \$54,000

Primary Health Medical Group – Analytics and tracking of diabetic pop, \$30,000

Kootenai Health – Transitional Care Program, \$60,000

Primary Health Medical Group – Chronic Disease Management, \$21,000



Employee Driven Community Giving

Healthy Communities Grants



Boise – Children’s Home Society

\$10,000 for Mental and Behavioral Services for Children and Youth

Idaho Falls – St. Vincent De Paul

\$2,000 for Low-income assistance

Other Idaho Sponsorships

Idaho Senior Games Inc. - Healthy Active Lifestyles \$1,500

Idaho Veterans Assistance Program – Support Services for Veterans \$150

Big Brothers Big Sisters of SW Idaho – Youth Education and Development \$1000

Big Brothers Big Sisters of SE Idaho – Family Support Services \$500

Total Healthy Communities Investments - \$15,150

Healthy Life Employee Challenge



Healthy Life Employee Challenge Wellness Program

Employees can elect to donate up to \$200 to a charity of their choice (from a list) or to their local school.

2013 - \$8350

Through Q2 in 2014 - \$3600

PacificSource Employees in Action



Thank you!

